RCSC Form#3

CONSENT TO EXCHANGE INFORMATION-SWVTC RCSC

I understand that different agencies provide different services and benefits. Each agency must have specific information in order to provide services and benefits. By signing this form, I am allowing agencies to exchange certain information so it will be easier for them to work together effectively to provide or coordinate these services or benefits.

I, _____, am signing this form for
(FULL PRINTED NAME OF CONSENTING PERSON OR PERSONS)

_____
(FULL PRINTED NAME OF CLIENT)

_____
(CLIENT'S ADDRESS) *(CLIENT'S BIRTH DATE)* *(CLIENT'S SSN – OPTIONAL)*

My relationship to the client is: □ Self □ Parent □ Power of Attorney □ Guardian
□ Other Legally Authorized Representative

I want the following confidential information about the client (*except drug or alcohol abuse diagnoses or treatment information*) to be exchanged:

Yes	No		Yes	No		Yes	No	
□	□	Assessment Information	□	□	Medical Diagnosis	□	□	Educational Records
□	□	Financial Information	□	□	Mental Health Diagnosis	□	□	Psychiatric Records
□	□	Benefits/Services Needed Planned, and/or Received	□	□	Medical Records	□	□	Criminal Justice Records
			□	□	Psychological Records	□	□	Employment Records

Other Information (write in):
I want:_____

_____
(Name and Address of Referring Agency and Staff Contact Person)

And the following other agencies to be able to exchange this information:

Are more agencies listed on back? Yes □ No □

I want this information to be exchanged ONLY for the following purpose(s):
□ Service Coordination and Treatment Planning □ Eligibility Determination
Other (write in): _____

I want information to be shared: (check all that apply)
□ Written Information □ In Meetings or By Phone □ Computerized Data

I want to share additional information received after this consent is signed: Yes □ No □

This consent is good until: _____

I can withdraw this consent at any time by telling the referring agency. This will stop the listed agencies from sharing information after they know my consent has been withdrawn. I have the right to know what information about me has been shared, and why, when, and with whom it was shared. If I ask, each agency will show me this information.

I want all the agencies to accept a copy of this form as a valid consent to share information. If I do not sign this form, information will not be shared and I will have to contact each agency individually to give them information about me that they need.

Signature(s): _____ Date: _____
(Consenting person or persons)

Person Explaining Form: _____
(Name) *(Title)* *(Phone Number)*

Witness (If required): _____
(Signature) *(Address)* *(Phone Number)*

UNIFORM CONSENT TO EXCHANGE INFORMATION FORM

FULL PRINTED NAME OF CLIENT: _____